

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED
IND. DEP.

AFTER
1ST AMENDMENT
IND. DEP.

AFTER
2ND AMENDMENT
IND. DEP.

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100					

TOTAL

IND.

DEP.

TOTAL
IND.

DEP.

TOTAL
CLAIMS

DEP.

PTO-876 (2-74)

BEST AVAILABLE COPY